

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F95000002630****1. Entity Name**  
WESTERN PROFESSIONAL ASSOCIATES, INC.

<b>Principal Place of Business</b> 712 S. KANSAS AVE., 2ND FLOOR  TOPEKA KS 66603	<b>Mailing Address</b> 712 S. KANSAS AVE., 2ND FLOOR  TOPEKA KS 66603
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<b>2. Principal Place of Business</b> 5020 WEST 15TH STREET	<b>3. Mailing Address</b> 5020 WEST 15TH STREET
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<b>Suite, Apt. #, etc.</b> SUITE C	<b>Suite, Apt. #, etc.</b> SUITE C
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<b>City &amp; State</b> LAWRENCE KS	<b>City &amp; State</b> LAWRENCE KS
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<b>Zip</b> 66049	<b>Country</b>	<b>Zip</b> 66049	<b>Country</b>
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<b>4. FEI Number</b> 43-1655154	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324 US	<b>7. Name and Address of New Registered Agent</b> <table border="1"><tr><td><b>Name</b></td></tr><tr><td><b>Street Address (P.O. Box Number is Not Acceptable)</b></td></tr><tr><td><b>City</b> FL <b>Zip Code</b></td></tr></table>	<b>Name</b>	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	<b>City</b> FL <b>Zip Code</b>
<b>Name</b>				
<b>Street Address (P.O. Box Number is Not Acceptable)</b>				
<b>City</b> FL <b>Zip Code</b>				

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	<b>04/12/2001</b> DATE
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<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<b>TITLE</b> D	<b>NAME</b> PARRISH NANIO	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> HAUGHT ANNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 200 SE 7TH ST.				<b>STREET ADDRESS</b> 609 ELM			
<b>CITY-ST-ZIP</b> TOPEKA KS 66603				<b>CITY-ST-ZIP</b> PERRY KS 66073			
<b>TITLE</b> STD	<b>NAME</b> PAGE STEVE	<input type="checkbox"/> Delete		<b>TITLE</b> STD	<b>NAME</b> PARRISH NANCY HON.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1129 S.W. WANAMAKER				<b>STREET ADDRESS</b> 200 SE 7TH ST			
<b>CITY-ST-ZIP</b> TOPEKA KS 66604				<b>CITY-ST-ZIP</b> TOPEKA KS 66603			
<b>TITLE</b> D	<b>NAME</b> WORDEN CHARLES E	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> WORDEN CHARLES E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> NORTH COUNTY COURTHOUSE				<b>STREET ADDRESS</b> 213 S. KANSAS AVE.			
<b>CITY-ST-ZIP</b> LENORA KS 67645				<b>CITY-ST-ZIP</b> NORTON KS 67654			
<b>TITLE</b> PD	<b>NAME</b> MOLINE BRIAN	<input type="checkbox"/> Delete		<b>TITLE</b> PD	<b>NAME</b> MOLINE BRIAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2532 SW GRANTHURST				<b>STREET ADDRESS</b> 1500 SW ARROWHEAD RD			
<b>CITY-ST-ZIP</b> TOPEKA KS 66611				<b>CITY-ST-ZIP</b> TOPEKA KS 66604			
<b>TITLE</b> D	<b>NAME</b> DR ROBERT HARDER	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> HARDER ROBERT DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1420 SW WARD PRKWY				<b>STREET ADDRESS</b> 1420 SW WARD PRKWY			
<b>CITY-ST-ZIP</b> TOPEKA KS 66604				<b>CITY-ST-ZIP</b> TOPEKA KS 66604			
<b>TITLE</b> D	<b>NAME</b> HARDER ROBERT DR.	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> HARDER ROBERT DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1420 SW WARD PRKWY				<b>STREET ADDRESS</b> 1420 SW WARD PRKWY			
<b>CITY-ST-ZIP</b> TOPEKA KS 66604				<b>CITY-ST-ZIP</b> TOPEKA KS 66604			

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** Brian Moline PD 04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)